

When recorded return to:



201610210101

Skagit County Auditor \$77.00
10/21/2016 Page 1 of 5 12:44PM

QUIT CLAIM DEED

THE GRANTOR(S) *MARSHA ZANDER, AS PERSONAL REPRESENTATIVE
of JOHN R ZANDER*

for and in consideration of *INHERITANCE 458-61A-202(1)*

in hand paid, conveys and quit claims to *MARSHA ZANDER*

the following described real estate, situated in the County of *SKAGIT*, State of Washington

together with all after acquired title of the grantor(s) herein:
*LOT 32 EAGLE VALLEY P.U.D AS PER PLAT RECORDED IN
VOLUME 15 OF PLAT, PAGE 181 TO 183 INCLUSIVE,
RECORD OF SKAGIT COUNTY, WASHINGTON*

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
20164810
OCT 21 2016

Abbreviated Legal: (Required if full legal not inserted above.)

Tax Parcel Number(s): *P106925*

Amount Paid \$*0*
Skagit Co. Treasurer
By *WLM* Deputy

Dated: 10-21-16

Marsha Cory Zander

AS PERSONAL REPRESENTATIVE

STATE OF WA

COUNTY OF Skagit

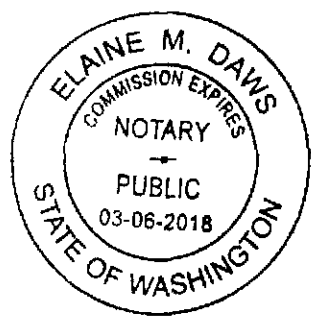
ss.

I certify that I know or have satisfactory evidence that Marsha Joanne Cory Zander
(is/are) the person(s) who appeared
before me, and said person(s) acknowledged that she signed this instrument and acknowledged it to be
her free and voluntary act for the uses and purposes mentioned in this instrument..

Dated: 10/21/16

Elaine M. Daws

Notary name printed or typed: Elaine M. Daws
Notary Public in and for the State of WA
Residing at Sedro Woolley
My appointment expires: 3/6/18



**SUPERIOR COURT OF THE STATE OF WASHINGTON
FOR SKAGIT COUNTY**

ESTATE OF: JOHN ROBERT ZANDER <p style="text-align: center;">Deceased</p>	CASE NO.16-4-00370-2 LETTERS OF ADMINISTRATION
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I. BASIS

1.1 JOHN ROBERT ZANDER late of Skagit County died intestate on or about JANUARY 26, 2014 leaving property in this state subject to administration.

1.2 On OCTOBER 7, 2016 the court appointed MARSHA JOANN ZANDER to administer the estate of the decedent according to law.

1.3 The personal representative has qualified.

II. CERTIFICATION

THIS IS TO CERTIFY THAT MARSHA JOANN ZANDER is authorized by the court to administer the estate of the above decedent according to law.

DATED OCTOBER 7, 2016.

MAVIS BETZ
COUNTY CLERK AND CLERK OF THE SUPERIOR COURT

BY Kristen A. Denton, Deputy Clerk

III. CERTIFICATE OF COPY

STATE OF WASHINGTON)
) SS
COUNTY OF SKAGIT)

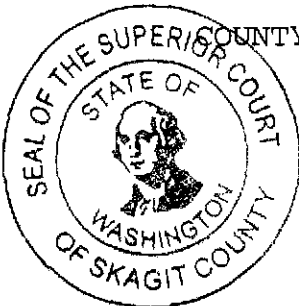
I, MAVIS BETZ, Clerk of the Superior Court of this County, certify that the above is a true and correct copy of the Letters of Administration in the above-named case which was entered of record on OCTOBER 7, 2016.

I further certify that these letters are now in full force and effect.

DATED 10/11/16

MAVIS BETZ
COUNTY CLERK AND CLERK OF THE SUPERIOR COURT

BY Kristen A. Denton Deputy Clerk



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-002800

DATE ISSUED: 02/13/2014

FEE NUMBER: 0000000029

GIVEN NAMES: JOHN ROBERT
LAST NAME: ZANDER

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JANUARY 26, 2014
HOUR OF DEATH: UNKNOWN
SEX: MALE
AGE: 76 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: FAIRBURY, JEFFERSON CNTY, NEBRASKA

MARITAL STATUS: MARRIED
SPOUSE: MARSHA SALMON

OCCUPATION: CARPENTER
INDUSTRY: SELF EMPLOYED
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? YES

INFORMANT: MARSHA ZANDER
RELATIONSHIP: WIFE
ADDRESS: 5101 AERIE LANE, SEDRO WOOLLEY, WA, 98284

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 5101 AERIE LN
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 5101 AERIE LN
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 982849686
INSIDE CITY LIMITS? NO
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 12 YEARS

FATHER: DELMOND ZANDER
MOTHER: KATHLEEN [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HERITAGE CREMATORY
CITY, STATE: MARYSVILLE, WA
DISPOSITION DATE: FEBRUARY 10, 2014

FUNERAL FACILITY: DONOVAN'S FUNERAL AND CREMATION SERVICES
ADDRESS: PO BOX 1322
CITY, STATE, ZIP: MT VERNON WA 98273
FUNERAL DIRECTOR: TIMOTHY DONOVAN

- CAUSE OF DEATH:
A. LUNG CANCER
INTERVAL: UNKNOWN
B.
INTERVAL:
C.
INTERVAL:
D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
PULMONARY EMBOLUS, DEEP VEIN THROMBOSIS, CONGESTIVE HEART FAILURE.

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? YES
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: H EDWIN STICKLE, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1990 HOSPITAL DRIVE, SUITE 100
CITY, STATE, ZIP: SEDRO WOOLLEY WA 98284
DATE SIGNED: FEBRUARY 07, 2014

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE



CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
MED PEDROSA
DATE RECEIVED: FEBRUARY 10, 2014

